



# City of Boston

## Podiatrist/Chiropodist Registration Form

I, the undersigned, herewith present Medical License #\_\_\_\_\_ for the records of the Office of the City Clerk. I intend to conduct the practice of podiatry or chiropody in the City of Boston.

My office or usual place of business \_\_\_\_\_  
(Street Name)

\_\_\_\_\_  
(City) (State) (Zip Code)

**The required fee of \$100.00 is herewith tendered.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### **? FOR ADMINISTRATIVE USE ONLY?**

Boston, Massachusetts Date \_\_\_\_\_

In accordance with the provisions of Chapter 112, Section 21 of the Massachusetts General Laws, I hereby certify that Podiatrist/Chiropodist \_\_\_\_\_ has this day exhibited certificate or certificate statement # \_\_\_\_\_ issued under the authority of the laws of the Commonwealth and the City of Boston.

The required fee of \$100.00 has been paid.

Signed \_\_\_\_\_ Clerk of the City of Boston.

Rosaria Salerno